

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-020805

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

209

Primary Registration District No.

3043

Registrar's No.

194

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		c. CITY OR TOWN <b>Hannibal</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>Becky Thatcher</b> INSTITUTION <b>Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>711 Church St.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Jake Pruesner</b>		4. DATE OF DEATH Month <b>May</b> Day <b>27</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 2, 1892</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter- Retired</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>Warren Co., Mo.</b>	
10a. FATHER'S NAME <b>William Pruesner, Sr.</b>		10b. MOTHER'S MAIDEN NAME <b>Sophia Juern</b>	
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>Yes WW I</b>		12. SOCIAL SECURITY NO. <b>7</b>	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac standstill</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) _____		14. NAME OF HUSBAND OR WIFE <b>William Pruesner, New London, Mo.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>9/15/63</b> to <b>5/27/68</b> and last saw her alive on <b>5/25/68</b> Death occurred at <b>9:30 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Myrtle Hamlin M.D.</b>	
22b. ADDRESS <b>Hannibal Mo</b>		22c. DATE SIGNED <b>5/31/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 29, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Barkley Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>New London, Mo.</b>
24. FUNERAL DIRECTOR <b>H.M.O'Donnell, Hannibal, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>May 31, 1963</b>	26. REGISTRAR'S SIGNATURE <b>Dr. E.M. Luche by Lillian M. Hamlin</b>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

2400  
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5/31/63  
Dormit social

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).